

DCFA SCHEDULE

Hospital Name Howard County General
 Hospital Number _____

Period __ FY end June 30, 2021 _____

Column 1 Column 2 Column 3 Column 4 Column 5 Column 6 Column 7 Column 8 Column 9 Column 10

CREDIT & COLLECTION

Collection Agency Name

- (1) Nationwide Credit Corporation
- (2) Cognizant - former Receivables Outsourcing Inc.
- (3) National Recovery Agency
- (4) UCB Intelligent Solutions
- (5)

(6) Number of liens 0

(7) Number of Extended Payments Plans 147

FINANCIAL ASSISTANCE

(8) Total Number of Patients Who Completed a Financial Assistance Application 407

(9) Total Number of Patients Who Partially Completed a Financial Assistance Application

(10) Total Number of patients Who Received Free Care 240

(11) Total Number of patients Who Received Reduced-Cost Care

	<u>Spanish or Hispanic</u>	<u>White</u>	<u>Black or African American</u>	<u>American Indian or Alaska Native</u>	<u>Asian</u>	<u>Native Hawaiian or Other Pacific Islander</u>	<u>Other</u>	<u>Declined to Answer</u>	<u>Unknown or Cannot be Determined</u>
(12) Number of Patients Who Received Financial Assistance by Race or Ethnicity	0	57	68	1	31	0	82	1	0
(13) Number of Male or Male Gender Identity Patients Who Received Financial Assistance	0	23	17	1	15	0	34	0	0
(14) Number of Female or Female Gender Identity Patients Who Received Financial Assistance	0	34	51	0	16	0	48	1	0
(15) Number of Patients Who Do Not Identify by Gender Who Received Financial Assistance	0	0	0	0	0	0	0	0	0
(16) Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	0	25	36	0	27	0	77	1	0
(17) Number of Male or Male Gender Identity Patients Who Were Denied Financial Assistance	0	10	15	0	14	0	36	0	0
(18) Number of Female or Female Gender Identity Patients Who Were Denied Financial Assistance	0	15	21	0	13	0	41	1	0
(19) Number of Patients Who Do Not Identify by Gender Who Were Denied Financial Assistance	0	0	0	0	0	0	0	0	0
(20) Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 24,395	\$ 75,587	\$ 31,017	\$ 108,240	\$ 567				
(21) Total Amount of Charges for Hospital Services Provided to Patients Who Received Reduced-Cost Care Whether Covered by Financial Assistance or Billed to the Patient	\$ 1,804,660	\$ 1,887,757	\$ 7,936	\$ 313,096	\$ 366,386				